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PATENT APPLICATION FEE DETERMINATION RECORD cation or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) SMALL ENTITY (Cohema 2) NUMBER FILED FOR NUMBER EXTRA RATE (S) FEE (A) RATE (S) FEE (B) BASIC FEE 150.00 MAKE RZA 300.00 MA (37 CFR 1 16(a), (b), <u>cr (c)</u> SEARCH FEE NA N/A \$250 NIA \$500 (37 CFR) 16(1), (0, or (m)) **EXAMINATION FEE** WA 'NIA N/A \$100 NA \$200 (37 CFR 1 16(a), (b), or (a)) TOTAL CLAMS X\$ 25 X\$50 (37 OFR 1 16(4) minus 20 · OR INDEPENDENT CLAIMS X100 X200 (37 CFR 1 16(N)) If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 OFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). +180= +360= MULTIPLE DEPENDENT CLAM PRESENT OF OFR 1.16(1) " If the difference in column 1 is less than zero, enter "V" in column 2. TOTAL TOTAL **APPLICATION AS AMENDED - PART II** OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) ADOI-**AFTER** PREVIOUSLY EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE (S) FEE (S) Minus Total O7 CFR 1.18(i) X\$ 25 YSSO Ž X100 X200 OR ũ Application Size Fee (37 CFR 1.16(s)) +180= +360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(8)) OR TOTAL TOTAL CR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAMS HIGHEST REMAINING NUMBER PRESENT RATE (S) a ADDI-RATE (5) ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL EN MENDMENT PAID FOR FEE (1) FEE (S) Total car cen s. steps U X\$ 25 . ENDM X\$50 OR X200 . _ X100. OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (DT CFR 1.16(0)) +180= +360a OR TOTAL TOTAL ' OR ADO'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the Trighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for seducing this burden, should be sent to the Chief information Officer, U.S. Patient and Treatment Office, U.S. Oppartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1460.